

Coronavirus Relief Fund Eligibility Memo Request Form

Directions for Use

You may scan and e-mail the reimbursement request and all supporting documentation to _____. Reference Requesting Entity/Department/Agency in subject line.

Questions

Please address all Questions via email to _____

Requests

Request Date

Priority

Drop Down List

Emergency

Very Urgent

Urgent

Category

Drop Down List:

Equipment

Labor

Materials

Professional Services

Vendor Provided Service

Expense Type

Drop Down List

Capital

Non-Capital

Requesting Entity/Department/Agency

Enter Entity/Department/Agency

Request Number

Finance Use Only

Contact Information for Requesting Entity

Authorized Representative

The Authorized Representative should be authorized to make all reimbursement requests.

Authorized Representative - Title

Authorized Representative - Phone

Authorized Representative - Phone Ext.

Authorized Representative - Email

The Contact Person should be the individual that can be contacted with questions related to the reimbursement request and / or supporting documentation.

Contact Person (if different than above)

Contact Title

Contact Phone

Contact - Phone Ext.

Contact Email

Other Relevant Contact Information (Optional)

Eligibility for Expense Reimbursement

Expense Eligibility Category

Drop Down List

Medical
Public Health
Payroll expenses
Compliance
Economic support
Reasonably necessary

Amount Requested

Brief narrative description of the reimbursement being requested

Provide background and justification for request

Describe how expenses are related to COVID19?

Are the supplies, equipment or services being procured/reimbursed based on or consistent with local, state or national health official guidance? If yes, please provide a reference or link to guidance. Attach any guidance to your request

Describe all cost comparison or cost reasonableness measures taken; Provide analysis in attachments

Part of Existing Contract?

Drop Down List: Yes or No

Has your entity, department, agency worked with vendor, contractor or supplier before?

Drop Down List: Yes or No

Timeline for delivery of services or supplies?

Drop Down List

Immediate
30 Days
60 Days
90 Days
More than 90 Days

Attachments:

Include related purchase orders, additional justification, cost reasonableness, options assessed and recommendation, guidance requested,

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